


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90107 008 ***150.00

DOCUMENT # P95000039995	
1. Entity Name DUNN REALTY AT PANAMA CITY BEACH, INC.	

Principal Place of Business 17320 PANAMA CITY BCH PKWY UNIT 108 PANAMA PLAZA PANAMA CITY BEACH, FL 32413	Mailing Address P.O. BOX 7781 PANAMA CITY BEACH, FL 32413
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2. Principal Place of Business 16500 A Panama City Bch Pkwy	3. Mailing Address P.O. B. 7781
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Panama City Bch FL	City & State Panama City Bch FL
Zip 32413	Zip 32413
Country BAY	Country BAY

6. Name and Address of Current Registered Agent DUNN, EMILY H 17320 PANAMA CITY BCH. PKWY. UNIT 107 PANAMA PLAZA PANAMA CITY BEACH, FL 32413	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16500 A Panama City Bch Pkwy City Panama City Beach FL Zip Code 32413	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Emily H. Dunn</i> DATE <i>4/10/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNN, GARLAND R 120 BONAIRE DR PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, EMILY H 120 BONAIRE DR PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNN, GARY D 132 N GLADES TRAIL PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Emily H. Dunn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>4/10/06</i> DAYTIME PHONE: <i>850-235-0146</i>

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